



FTT Block A



Application Form - Amelia (Block A) - 2021

UFS Accredited Private Residence

(Off Campus Accommodation – not part of the University residence structure)

Student/Resident details	
Student Number	
ID Number	
Full Names	
Surname	
Physical Home Address	
Primary Cell Number	
WhatsApp Cell Number	
Student Primary Email	
Which educational facility do/ did you attend ?	
Course or grade completed / busy with 2020 ?	
Course and year off study enrolled for in 2021 ?	
Where did you hear about Amelia ?	
Are you interested in an Amelia leadership position ?	

Details of person who referred you (if relevant)			
Did someone refer you ?	Yes	No	(Please circle answer)
Name of Person who referred you			
Surname of Person who referred you			
Cell number of Person who referred you			

Please mark in box next to Room Type Choice and where parking is required				
ROOM AND PARKING OPTIONS	Yearly Fee	1 st Payment to confirm booking	10 monthly Payments due on 1 st day of Month Jan to Oct 2021	Mark box indicating Choice
Single room with en-suite bathroom in 6 -bed cluster (Amelia Only)	R59 350 pa	R5 300	R5 935	
Single room in 8 -bed cluster	R49 990 pa	R5 300	R 4 999	
Open parking (Yearly fee paid upfront to confirm)	R 2 400 pa	R2 400	N/A	
Under cover parking (Yearly fee pd upfront to confirm)	R 4 200 pa	R4 200	N/A	

NB: please ensure the correct person (the accountholder) completes this page, ie Parent / Guardian

Details of person responsible for the Lease Agreement and for payment of account (Parent/guardian)

Relationship to Student	Parent	Other	(Please circle answer)
If not parent, what is relationship to student?			
ID Number			
Full Names			
Surname			
Physical Home Address			
Cellphone (Primary)			
Tel (home)			
Tel (work)			
Email address (Primary)			
Email address (Work)			

Employment Details of person responsible for payment of accounts

Is person employed ?	Yes	No	(Please circle answer)
Name of Employer			
Employer contact number			
Physical Work Address			

PERMISSION FOR FINISHING TOUCH TRADING 592 (Pty) Ltd TO DO A CREDIT CHECK - TO BE COMPLETED BY PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNTS (PARENT /LESSEE)

I, hereby give Finishing Touch Trading 592 (Pty) Ltd, permission to do a credit check and obtain necessary referrals on my behalf.

My net income is R _____ as can be viewed on my payslip after tax and other deductions.

Signed at _____ on the ____ day of _____ 20 ____

Signature _____

If you don't have a bursary, simply circle No and Complete your Name, Surname and Signature below

Bursary details			
Do you have an Approved bursary	Yes	No	(Please circle answer)
Name			
Surname			
Signature			

*if you are approved for a **NSFAS** bursary, complete this section

NSFAS STUDENTS ONLY	Attach Proof of NSFAS Approval
NSFAS Reference Number	
NSFAS Consultant/Contact Person Full Name & Surname	
NSFAS Consultant Phone Number	
NSFAS Consultant Email address	

*if you are the holder of any other bursary , but **NOT** NSFAS, complete this section

BURSARY STUDENT	Attach Proof Bursary Acceptance
Bursary Name	
Bursary Reference Number/Code (If applicable)	
Bursary Consultant/Contact Person Full Name & Surname	
Bursary Consultant Phone Number	
Bursary Consultant Email address	

Approval of Accommodation Funding

I _____ am aware that I am fully responsible for my Oracle Submission (or any other equivalent submissions) to ensure my funding is received. If I do not meet the deadline for approval, or do not receive my funding for any reason, I understand that I will still be responsible and liable for the full payment of my account.

Signature _____

HIGH SCHOOL CAREER

SCHOOL NAME			
TOWN / CITY			
MATRIC YEAR			
LEADERSHIP POSITIONS			
ACADEMIC ACHIEVEMENTS			
CULTURAL PARTICIPATIONS AND MUSICAL INSTRUMENTS PLAYED			
SPORT PARTICIPATIONS	SPORT TYPE	POSITION	TEAM
OTHER ACHIEVEMENTS AND INTERESTS			

TERTIARY PLANNING FOR YEAR OF APPLICATION

INSTITUTION (Eg. UV)			
COURSE (Eg. B.Sc. AGRIC)			
ACADEMIC YEAR (Eg. 1st, 2nd, 3rd etc)			
PLANNED PARTICIPATION AT INSTITUTION WHERE YOU WILL STUDY			

Please send fully complete form to:
 Marissa Laing
 Facility Manager
 Amelia Resident Head of House

Cell no: 064 621 9199
 Office: 051 436 1621
 Email: blocka@ftbloem.co.za